



PTO/SB/08A (10-01)
Approved for use through 10/31/2002. OMB 0651-0031
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Substitute for form 449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Complete If Known			
		Application Number	10/758,366		
		Filing Date	January 15, 2004		
		First Named Inventor	David C. GORDON		
		Art Unit	1614		
		Examiner Name	Unknown		
Sheet	1	of	2	Attorney Docket Number	64693-0087

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Examiner Initials*	Cite No. ¹	Document Number	Issue Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
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Examiner Signature		Date Considered		12-11-06

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.
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